

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

Ph. D. Entrance Test - 2024

KEY

SUBJECT NAME FOR Ph.D.

Hindi

| Roll No. | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

| Q. Booklet No. | | | | | | | | | |
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| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

| Paper Code | | | |
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| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

| Question Booklet Series | |
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| B | <input type="radio"/> |
| C | <input type="radio"/> |
| D | <input type="radio"/> |



| | | | | |
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| 2 | A | <input checked="" type="radio"/> | C | D |
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| 8 | A | B | C | <input checked="" type="radio"/> |
| 9 | A | <input checked="" type="radio"/> | C | D |
| 10 | A | B | C | <input checked="" type="radio"/> |
| 11 | A | <input checked="" type="radio"/> | C | D |
| 12 | <input checked="" type="radio"/> | B | C | D |
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| 24 | A | B | <input checked="" type="radio"/> | D |
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| 31 | <input checked="" type="radio"/> | B | C | D |
| 32 | A | <input checked="" type="radio"/> | C | D |
| 33 | A | B | <input checked="" type="radio"/> | D |
| 34 | A | B | <input checked="" type="radio"/> | D |
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| 36 | A | <input checked="" type="radio"/> | C | D |
| 37 | A | B | <input checked="" type="radio"/> | D |
| 38 | A | B | C | <input checked="" type="radio"/> |
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| 40 | A | <input checked="" type="radio"/> | C | D |
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| 42 | A | B | <input checked="" type="radio"/> | D |
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| 44 | A | B | <input checked="" type="radio"/> | D |
| 45 | <input checked="" type="radio"/> | B | C | D |
| 46 | A | <input checked="" type="radio"/> | C | D |
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| | | | | |
|----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
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| 55 | <input checked="" type="radio"/> | B | C | D |
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| 58 | A | <input checked="" type="radio"/> | C | D |
| 59 | A | B | <input checked="" type="radio"/> | D |
| 60 | A | B | C | <input checked="" type="radio"/> |
| 61 | A | <input checked="" type="radio"/> | C | D |
| 62 | A | B | <input checked="" type="radio"/> | D |
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| 68 | A | B | <input checked="" type="radio"/> | D |
| 69 | A | <input checked="" type="radio"/> | C | D |
| 70 | A | B | C | <input checked="" type="radio"/> |

Sankar
Signature of the Candidate

[Signature]
Signature of the Invigilator with Date